



August 25, 2015

VIA ELECTRONIC SUBMISSION

Mr. Daniel Carroll  
Office of Policy Development and Research, Room N-5641  
Employment and Training Administration  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210  
[carroll.daniel.j@dol.gov](mailto:carroll.daniel.j@dol.gov)

**Re: OMB Control Number 1205-0453; Information Collection for the National Agricultural Workers Survey**

Dear Mr. Carroll:

Migrant Clinicians Network (MCN) submits these comments in response to the U.S. Department of Labor's (DOL) request for comment on the proposed changes to the National Agricultural Workers Survey (NAWS).

Overall, MCN supports DOL's proposed changes to the NAWS questionnaire and welcome this formal review opportunity. We agree with DOL's assessment that the NAWS data are essential in understanding the U.S. hired farm labor force and monitoring the terms and conditions of agricultural employment. The information collected provides valuable information not only to federal and state government agencies, but also to farmworker advocates, researchers, clinicians and other service providers across the country.

**Comments on proposed changes to the survey instrument**

**Illness and Injury**

We remain concerned regarding the deletion of the supplemental questions supported previously supported by the National Institute for Occupational Safety and Health (NIOSH) and offer a few recommendations in the area of injury. Agriculture remains one of the most hazardous industries and the NAWS offers an important opportunity to better understand injuries in the farmworker population. Work-related injuries remain a critical health outcome to understand in this population. Due to numerous barriers the farmworker population encounters when addressing work related injuries, this health outcome is poorly tracked. The barriers include limited

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workers' compensation insurance and challenges in accessing it when provided, language, fear of job loss, fear of deportation, and limited policies requiring documentation and reporting of injuries.

We recommended separating “illness” and “injury” in questions pertaining to quality of and access to health care (HA15 in the Household Grid/HA in the Individual Grid). These are two distinct health outcomes and having them lumped together under one question is challenging. Policy and program planning, particularly in agriculture, requires information on each separately. For the questions specific to the spouse and family members, it is still valuable to have information about the number of injuries in this subpopulation regardless of the overall sample size.

We also suggest that these questions be followed up with a question asking why they did not sue health services for an injury or illness.

More importantly, for the individual health questions, we strongly recommended to add at least one question to determine if the respondent has ever had an injury at work. We find it extremely problematic that there is no injury question included in the individual health history section (NH 1-6).

### **Response codes for health care service providers (HA2/HA16)**

We recommend combining some of the health care service provider codes. There are fewer and fewer “migrant health clinics.” It is unclear how the interviewer or the respondent will distinguish between services sought at a “community health center” and services sought at a “migrant health clinic.” Most migrant health centers are part of a larger community health center network. Most farmworkers we engage with refer to the health center as “la clínica” or by its abbreviated name. On the Eastern Shore of Maryland, Choptank Community Health System provides services to migrant and seasonal farmworkers as well as to other members of the community. Many of the migrant health care services are provided by a family nurse practitioner who visits workers at or near their work sites in a mobile clinic setting. Locally, this service is referred to simply as “Choptank.” It is unlikely that farmworkers will know if any health center they visit is a “community” or “migrant” health center. To avoid confusion and errors, we recommend simply using the term “community health center,” and for the interviewer to be familiar with the names of the community health centers in the regions where the survey is being conducted. It is also unlikely that the respondent will know the difference between a private practice provider and health center, and the interviewer might need to clarify this answer.

We are concerned that some of the terms may not translate well. For instance, “routine or preventative care” will need additional explanation in Spanish beyond the translation. For this term, we recommend the following phrasing: “Cuidado preventivo (por ejemplo chequeo de rutina, visita de bienestar, examen físico, vacunas)”/ “Preventative care (for example routine checkup, well visit, physical exam, immunizations).”

Additionally, we think it would be helpful to include curandero(a) (traditional healer) as an option. We are observing that migrant workers report using traditional healers in the United States.

### **Health Information for the Individual and Family**

We recommend asking health history questions for both the individual and family members. As suggested by Farmworker Justice in their comments, Questions HA 1-9 could be expanded to ask whether the response is about the respondent or a family member. HA1 could be rephrased to say "...a few questions about health care services that you (the respondent) or a family member may have used..." The added burden of asking these questions instead of HA15-18 is minimal.

Additionally, we recommend incorporating a question about behavioral health in the health information section. We are pleased to see questions about stress and anxiety incorporated into the questionnaire. We echo the concerns raised in Farmworker Justice's comments regarding the scale being used in the questionnaire and recommend following their suggestions to strengthen this section.

### **Insurance**

Questions A21-23 might be confusing. Respondents may be unclear as to who pays for their insurance. We recommend changing the questions to "Do you have health insurance?" and if yes, "What type of insurance do you have?"

### **Explanation for non-utilization of health care services**

We recommend separating the responses "too expensive" and "no insurance" in questions HA8(e) and HA9(e). These are not always the same barrier to health care. There are a growing number of individuals in the United States that have health care insurance, but deductibles and co-pays can be cost prohibitive. In such cases an insured person could state that the reason for non-utilization of health care services was cost.

### **Labor Camp and Migrant Center (D65)**

We find the question about housing for D65 to be confusing. It is important to know if the place where a farmworker resides is provided by the grower. It is unclear as to what is meant by a migrant center in this context. We recommend considering wording such as "Do you live in housing provided or run by a) your employer or labor contractor, b) a government agency c) other.

## **Digital Information**

MCN supports the inclusion of questions to gather data about digital information. Farmworker Justice offers several important recommendations to strengthen this section and we echo their recommendations.

Thank you for the opportunity to comment on this important data. Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, reading "Amy K. Liebman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Amy K. Liebman, MPA  
Director of Occupational and Environmental Health